

# Employee Screening Tool - FIT FOR DUTY

DATE OF SCREENING: \_\_\_\_\_

TIME OF SCREENING: \_\_\_\_\_

NAME OF SCREENER: \_\_\_\_\_

SIGNATURE OF SCREENER: \_\_\_\_\_

NAME OF EMPLOYEE: \_\_\_\_\_

SIGNATURE OF EMPLOYEE: \_\_\_\_\_

TEMP (coming on shift): \_\_\_\_\_

SCREENING QUESTION	YES	NO	DECISION FOR ENTRY
Have you tested positive for COVID-19? • If YES, when was that test done? _____			If YES and it has been fewer than 2 weeks ago - STOP, please see IP for direction.
Have you had close contact with someone who has tested positive for COVID-19 within the past 14 days WITHOUT wearing proper PPE?			If YES - STOP, please see IP for direction.
Are you currently ill?			If YES - STOP, please see IP for direction.
Do you have symptoms of a cold, cough, shortness of breath, or temporarily lost your sense of taste or smell? Do you have symptoms of nausea/vomiting or diarrhea?			If YES - STOP, please see IP for direction.
Do you currently have a fever, or have you had a fever or felt like you had a fever in the past 24 hours without taking fever reducing medications?			If YES - STOP, please see IP for direction.
Do you live with someone who has been a close contact and in quarantine due to a COVID-19 exposure? (Are you taking proper precautions for this such as: Not sharing bedroom, bathroom, food drinks, wearing masks if less than 6 feet of each other during this quarantine time of 14 days).			If YES - STOP, please see IP for direction.

## IF YOU ARE FEELING ILL, YOU SHOULD NOT REPORT FOR DUTY

This information serves as an informative inservice education for the employee on the screening questions for COVID-19. It is the responsibility of every employee to notify the facility of any signs/symptoms of illness as noted above, or any contact/exposure to a confirmed COVID-19 case. Any questions regarding this education training should be discussed with the Facility Infection Preventionist (IP) or Facility Management. Ongoing monitoring will be done per state and federal guidance.